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# EDUCATION COMMITTEE



## ANNUAL REPORT ON THE SCHOOL HEALTH SERVICE

**1969**



ANNUAL REPORT  
OF THE  
PRINCIPAL SCHOOL MEDICAL OFFICER  
FOR THE YEAR  
**1969**

A. F. Turner  
M.B., B.Ch., D.P.H.



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## FOREWORD

This report and the statistical summaries show a continuing satisfactory state of health in the school population of the county with the notable exception of the school dental service on which a report appears on page 25. The latter is worthy of close study as the figures show that the service is barely holding its own against disease although extra money has been made available and it has been administered with intelligence and flair by the Principal School Dental Officer.

Dr W H Whiles, the Child Guidance Psychiatrist, has now retired after many years work in Dorset and Dr Belsham was appointed by the Wessex Regional Hospital Board to replace him. Her first report appears on page 8 and it reflects the general pattern of child guidance in Dorset established over the years. Dr Zinna was also appointed by the Hospital Board and gives two sessions per week in Poole, so extending the service available to the public.

Two Green Papers on the National Health Service and two Parliamentary Bills have been published recently which affect the school health service and indeed make the probability of its survival in the present form most unlikely. Both Green Papers dealing with re-organisation recommend that health services, including school health, are taken out of local government and based on the family doctor team.

The Local Authority Social Services Act 1970 has reached the Statute Book with 1 April 1971 as the proposed appointed day. The two education services affected are child guidance and education welfare, and the Seebohm Committee recommends that both are transferred to the new Social Services Department.

A further Bill transferring the junior training centres for ineducable children from health to education departments is also likely to become operative next year. The care and training of subnormal children has always been of special interest and concern to health departments. Many possible subnormals are suspected before birth as the mothers were on the 'at-risk' register. Others are recorded at birth on the congenital defects register and the remainder diagnosed in early childhood. These children and their families are supervised and helped as required until they are suitable for admission to junior training centres which are specially designed and staffed on a ratio of 12 children per class, with extra facilities in the special care units for the heavily physically handicapped. It is hoped that education departments will have the professional staff to continue this work when the transfer takes place.

It will be appreciated that planning for the subnormal differs widely from routine educational planning where the broad principle must always be wider fields of educational opportunity for a greater proportion of the population. Planning for the subnormal is based firstly on prevention, secondly on medical care and social training and lastly, and of minor importance, traditional education. When the transfer of responsibility takes place there is a danger that some will end up in classes of 30-40 which, it is understood, is the situation in many primary schools. Initially, sufficient school medical staff will be available for consultation and advice, but education departments will require to make early arrangements to cover the medical aspects of this work which will not be available to them after the dissolution of the school health service.



In Dorset, the provision of training centres under the 1959 Mental Health Act has been implemented with the exception of the small centre at Sturminster Newton where the buildings are quite unsuitable. When the two new adult training centres in Weymouth and Bridport are opened there will be enough junior places in the Weymouth and Bridport junior centres to cover West Dorset for the next 10 years even if the incidence of mental subnormality continues at the present level. It is hoped, however, that advances in medical techniques may reduce the incidence of certain types of mental defect during this period.

It would be wrong to suggest that medical staff employed directly by local authorities are not concerned by all these changes. As in 1948 when the National Health Service was introduced, almost no attention was paid to suggestions or recommendations by individuals or committees representing public health opinion. Even at this stage no suggestions have been made on how the rank and file of school health and public health medical officers are to be re-employed. The National Health Service is now dependent on the importation of foreign doctors, trained at the expense of less affluent countries where their services are more urgently required.

It is hoped that the new Government will give consideration to the training and redeployment of the numerically small but active public health group of doctors so that they can play a part in the new health services and not be allowed to wither away.

I would like to thank Dr Townsend, Mr Clarke and all members of the school health section for their interest and enthusiasm in running the service and also once again to all head teachers for their help and encouragement.

A F TURNER

Principal School Medical Officer

County Hall  
Dorchester

July 1970



SCHOOL HEALTH SERVICE ESTABLISHMENT  
(At 31 December 1969)

CENTRAL STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER  
A F Turner MB BCh DPH

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER  
G F Willson MD DPH

SENIOR MEDICAL OFFICER  
Mary Townsend MB BS MRCP DCH

SCHOOL MEDICAL OFFICERS

K J Adams MRCS LRCP DPH  
W E Hadden MB BS DPH DA DTM & H  
G B Hopkins MB ChB DPH  
Esther Jackson MB ChB DPH  
Jill C White MB BS MRCS LRCP DPH DCH  
Elizabeth M S Wotherspoon MB ChB  
(Part-time)

SUPERINTENDENT NURSING OFFICER

Bridget C Thornton SRN SCM HV Cert

SCHOOL NURSES (23)

SPEECH THERAPISTS

Nora M O'Driscoll LCST (Senior)  
Susan A Burton LCST  
Charlotte A C Tone LCST

PRINCIPAL SCHOOL DENTAL OFFICER

J S MacLachlan LDS RCS

DEPUTY PRINCIPAL SCHOOL DENTAL  
OFFICER

Vacant

SENIOR DENTAL OFFICER

D G Greenfield LDS RCS

DENTAL OFFICERS

N J Dyer BDS LDS RCS  
K E J Fletcher LDS RCS  
R W Hall BDS  
Edna G Laylee LDS (Part-time)  
P H W Maynard LDS RCS  
J M Paterson LDS RCS  
L Richardson BDS LDS  
A Simpson LDS RFPS  
S H Smith LDS RCS (Part-time)

DENTAL AUXILIARY

Margaret Holland

DENTAL HYGIENIST

Jennifer M Horton

DENTAL SURGERY ASSISTANTS (11)

DENTAL RECEPTIONIST (1)

SENIOR ADMINISTRATIVE OFFICER

V W V Clarke DPA

## POOLE BOROUGH STAFF

BOROUGH SCHOOL MEDICAL OFFICER  
J Hutton MD DPH

BOROUGH DENTAL OFFICER  
F E R Williams LDS

SCHOOL MEDICAL OFFICERS  
A McCutcheon MB ChB DPH  
Rosa Strunin MD (Berlin)  
H C Williamson MB BCh DPH  
I R S Patterson MB ChB DPH

DENTAL OFFICERS  
A C S Barnard LDS RCS  
A E G Gapper LDS RCS  
C Green LDS RCS

BOROUGH NURSING OFFICER  
Marion Davies SRN SCM HV Cert

DENTAL SURGERY ASSISTANTS (4)

SPEECH THERAPIST  
Helen V A Barrett LCST

SCHOOL NURSES (15)

## SOUTH DORSET DIVISIONAL EXECUTIVE AREA STAFF

AREA MEDICAL OFFICER  
E J G Wallace MB ChB DPH

SENIOR DENTAL OFFICER  
R H J Fairney LDS RCS

SCHOOL MEDICAL OFFICER  
Pauline M Seymour-Cole MB BS MRCS  
LRCP DCH DPH

DENTAL OFFICERS  
Marguerite D Mason BDentSc (Part-time)  
A V Robson LDS RCS

SCHOOL NURSES (8)

DENTAL SURGERY ASSISTANTS (4)

## JOINT SERVICES

CHILD GUIDANCE  
Consultant Psychiatrist  
Audrey J Belsham MB BS DPM DCH  
County Educational Psychologist  
J S Aston BA BSc ABPsS  
Educational Psychologist  
T W Crabtree BA DipEd  
Psychiatric Social Workers  
Astrid D Filliter  
Sheila M Sparkes

ORTHODONTICS  
Consultant Orthodontist  
J D Hooper LDS DOrth RCS  
Senior Orthodontic Registrar  
Susan D Farrant FDS BDS LDS  
DOrth  
Dental Surgery Assistant (Part-time) (1)

# THE SCHOOL HEALTH SERVICE 1969

## ADMINISTRATION

As mentioned in previous reports, the school health section and maternity and child welfare section are merged to form one section, with administrative responsibility for the child from birth to school leaving age ensuring greater efficiency with less opportunity for a child in need of help to be overlooked.

## POPULATION

The Registrar General's latest estimated population of Dorset is 348,840.

Average numbers on the school registers on 31 December 1969:-

	Primary	Secondary	Comprehensive	Grammar	Specials	Totals	
						1969	(1968)
County Districts	16,879	4,902	4,099	2,836	111	28,827	(27,822)
Poole Excepted Area	9,155	4,444	-	1,603	-	15,202	(14,652)
South Dorset Divisional Area	5,435	2,241	-	1,197	-	8,873	(8,681)
Totals	31,469	11,587	4,099	5,636	111	52,902	(51,155)

## Number of Schools

Type	South Dorset Area	Poole Area	County Area	Totals
Primary	24	24	142	190
Secondary Modern	4	8	11	23
Comprehensive	-	-	7	7
Grammar	1	2	8	11
Special	-	-	2	2
Totals	29	34	170	233



## MEDICAL INSPECTION

### NUMBER OF PUPILS EXAMINED

The following table relates to the whole county including Poole Excepted Area and South Dorset Divisional Executive.

	1967	1968	1969
Routine examination of entrants	5,682	4,768	5,363
Routine examination at all other ages	6,244	7,312	6,618
Re-inspections	5,743	4,573	3,961
Special examinations	9,795	9,094	15,971
Totals	27,464	25,747	31,913

During 1969, all children were examined in their first year at school, and only those children selected as a result of the questionnaires were examined in their second year at the secondary school.

In the Poole and South Dorset areas the routine medical examinations were continued with four examinations during school life in Poole and three examinations in the South Dorset area.

### DEFECTS OF VISION

#### ROUTINE VISION TESTING

In the County Area a child's vision is checked at school entry by the local health visitor using the conventional Snellen test card. The child's vision is subsequently tested biannually by specialist health visitors using modern vision screening machines. The parents of children shown by either method to have a defect of vision are advised of the defect and offered an appointment at a school eye clinic, these cases being carefully followed up to ensure that all children with defective sight are properly investigated. Where the defect of vision is found by the screening process to be only marginal, ie not greater than 6/9 either eye, the child is included in those to be retested the following year. In Poole vision screening is carried out every three years and in the South Dorset area the screening is done at the time of the three routine medical examinations.

#### COLOUR VISION

Colour vision is now tested on the vision screeners at nine years of age and children who fail this test are brought forward at the selective medical examination for retesting with Ishihara charts.

Giles Archer lanterns have been provided for each area medical officer so that those children who need still further investigation can be seen locally.

### PERSONAL HYGIENE

During the year 48,094 personal hygiene inspections were carried out by the school health



visitors throughout the whole county and 258 children were found to have lice or nits in the hair.

It will be seen from the following table that a greater number of children were inspected in the current year than in 1968, and there was a corresponding increase in the number of children found to be verminous. The incidence of infestation for the whole county remains the same as for the previous year, 0.5%.

	No. of children inspected		No. found verminous		
	1968	1969	1968	1969	
County Area	14,663	13,662	99	92	(0.6%)
Poole	17,005	19,877	61	151	(0.7%)
South Dorset	12,186	14,555	17	15	(0.1%)
Whole County	43,854	48,094	177	258	(0.5%)

#### MINOR AILMENTS

Minor ailment clinics are now held in the South Dorset Area only. The figures relate to children who have been referred as a matter of convenience for detailed examination of defects discovered at previous school medical inspections besides children who have sought advice concerning some recently acquired minor ailment.

Cases dealt with at minor ailment clinics:-

	1965	1966	1967	1968	1969
Poole	392	82	68	40	-
South Dorset	54	19	26	17	14
Totals	446	101	94	57	14

#### AUDIOLOGY SERVICE

Screening tests are carried out by the health visitors on all babies from seven months as in previous years the other work being divided into two parts:-

- (a) Sweep testing in schools is undertaken by a part-time member of staff, who also does the clerical work associated with this.
- (b) Audiology clinics for children referred by health visitors, medical officers and those who fail the sweep test at school are held by a health visitor trained to do this work.

Special audiology clinics are held from time to time at Dorchester clinic attended by Dr Townsend and Mr Glendenning, the County Teacher of the Deaf. Any children with difficult problems are referred to this clinic for further diagnosis, but in general children are referred direct from the audiology clinics to the ENT consultants, by agreement with the child's medical practitioner.

In the whole county eighteen children were provided with hearing aids during the year.

Our thanks are again extended to the consultant ENT surgeons, who have contributed much to the success of the service.

# STATISTICS RELATING TO THE ASCERTAINMENT OF DEAFNESS AMONGST CHILDREN IN THE COUNTY AND SOUTH DORSET AREAS

## SCREENING OF SCHOOL ENTRANTS

	South Dorset	County Area	Totals
No. of children given screening tests	882	3,371	4,253
No. of children failed screening tests	61	303	359
No. referred for treatment after investigation	23	108	131

## ANALYSIS OF CASES REFERRED FOR FULL AUDIOMETRIC INVESTIGATION

### 1. Sources

	South Dorset	County Area	Totals
Children who failed screening tests	58	303	361
Children referred by health visitors	8	66	74
Children referred by medical officers	103	73	176
Children referred by speech therapists	7	27	34
Children referred by head teachers	2	5	7
Children referred by parents	5	31	36
Children referred by general practitioners	1	9	10
Children referred by ENT Specialists	31	26	57
Children referred by National Development Study	7	48	55
Children referred from other sources	38	8	46
Totals	260	596	856

### 2. Findings of the Audiometrician

	South Dorset	County Area	Totals
No significant loss recorded	125	269	394
Referred to ENT Specialist	78	179	257
Written report only to ENT Specialist	-	17	17
Written reports to General Practitioners	-	5	5
For retest in 1970	57	44	101
Appointment declined as child already undergoing ENT treatment	-	20	20
Other actions	-	15	15
Totals	260	549*	809

\*Thirty-seven appointments not kept or declined, and 10 cases still outstanding 31 December 1969.

### 3. Results of cases referred to ENT Specialists

	South Dorset	County Area	Totals
No treatment advised	6	27	33
To be reviewed	23	32	55
Tonsils and adenoids to be removed	17	35	52
Tonsils to be removed	-	2	2
Adenoids to be removed	-	15	15
Other operative treatment advised	2	7	9
Other treatment advised	-	48	48
Reports still outstanding	30	8	38
	<hr/>		
Totals	78	174*	252
	<hr/>		

\* Five appointments not kept or declined.

### STATISTICS RELATING TO THE ASCERTAINMENT OF DEAFNESS IN POOLE

In Poole, screening tests with the pure tone audiometer are carried out on all children in primary schools shortly after their admission and, in addition, the audiometrician completes a full audiogram on any other children suspected of deafness.

Number tested during 1969	No significant hearing loss	Still under observation	Referred to medical officer
1,891	1,541	127	223

Children failing the tests may be referred for further investigation or treatment by the medical officer to the minor ailment clinic, the family doctor, the hospital consultant or the Audiology Unit.



## CHILD AND FAMILY GUIDANCE SERVICE

The following report has been provided by Dr A J Belsham, Consultant Children's Psychiatrist:-

This year has seen the retirement of Dr Whiles and his replacement by myself at the end of January. In addition, Dr Zinna joined the clinic staff in May and does two sessions weekly in Poole thus giving a total of five sessions weekly there.

The number of children referred continues to increase, the number of new referrals seen being 364, an increase of forty-four over the previous year. The total number of children awaiting their first psychiatric interview on 31 December 1969 was thirty-seven, and the total number of children awaiting their first appointment with any member of the clinic staff was thirty-three. This latter represents a slight increase over the twenty-two awaiting their first appointment at the end of 1968, and is due to the retirement of the two part-time psychiatric social workers, Mrs Hardy and Mrs Shires, who left the clinic team in the Autumn.

The number of referrals from different areas of the County fluctuates to some extent from time to time. There has been an increase in referrals from the South Dorset area, and an extra clinic is held fortnightly at Wyke Regis as necessary. In North Dorset, there were very few referrals from the Gillingham area, and it has been found more economical of time to see these few at the Sherborne Clinic. In the latter half of the year, there has been an increase in referrals from the Sherborne area, and it has been necessary to hold an occasional extra clinic there.

I have been working one session weekly with the Consultant Paediatrician in the Paediatric Unit of the Dorset County Hospital. This has proved extremely valuable, and there is in fact need for more time to be given to work in this field. A fortnightly session is now devoted to children coming into the care of the Children's Department, and this is followed by a case conference with all those involved in the care of the child.

Penwithen Hostel continues to provide residential care for emotionally disturbed children, and these attend the local schools daily. The monthly case conference continues to be held: this is attended by the residential staff and the Child Guidance Clinic team and the child care officer where relevant. In addition, a weekly session is held in the early evening when it is possible to see the children, and to help them with their individual problems.

Starting in the Autumn, a monthly visit has been paid to the Clyffe House Residential School in order to discuss with the staff the difficulties they have in handling the boys, and to see any lads who are felt to need an individual assessment. It seems in fact that a monthly visit is not sufficient, but at present there does not seem to be any way of increasing this.

A combined conference continues to be held each term between the clinic team, the school medical officer, and the Education Department, to discuss the children at Penwithen Hostel, at Clyffe House School, and those children placed at other residential schools or hostels for maladjusted children. These children are seen during their holidays by the Consultant Psychiatrist and the psychiatric social worker keeps in touch with their families.

Greenways Day Remedial Unit in Poole has continued to perform valuable work for the disturbed children in the Poole area. Weekly conferences are held with the staff of the Unit, and Dr Zinna with the psychiatric social worker visits there monthly during term time. Provision for full-time education at Greenways is still urgently needed, as there are a number of children attending



there who, because of their emotional disturbance, are unable to attend an ordinary school at all. These children need full-time education at Greenways, not only in the academic field, but to enable them to deal with their problems, and thus eventually to return to the community.

There has been an increase in the referral of children of pre-school and infant school age, many of whose social adjustment is poor. The playgroup at Greenways Remedial Unit has been invaluable in giving these children the right start to their school lives, and it has now been possible, by the appointment of a part-time teacher, to have two groups of young children there, receiving specialised help to enable them to adjust to the ordinary school life.

The educational psychologists are doing extremely valuable work, not only in their assessment of the children, but in forming a closer link between the schools and the Child and Family Guidance Clinic. On their visits to the schools, they are able to discuss at first-hand the difficulties of any individual child, and to indicate ways in which help can be given. This is a most important part of the psychologist's work: in the County area, the time for this is severely limited at present because of pressure of work: in the Poole area, the situation is a little better, but the educational psychologist still does not have sufficient time to ensure adequate exchange of information between Clinic and schools.

## CHILD GUIDANCE SERVICE - STATISTICS

Number of children seen during the year 1969	918
New cases seen during 1969, by Psychiatrist	364
Children awaiting investigation on 31.12.69	33
Total children awaiting first Psychiatric appointment on 31.12.69	37
Cases closed during 1969	320
Total number of cases under observation or treatment on 31.12.69	598

### ANALYSIS OF NEW CASES INVESTIGATED DURING 1969

#### Sources of referral of new cases:-

General Practitioners and Hospitals	162
School Medical Officers	56
Education Officer and Headteachers	62
Children's Officer	52
Probation Officers	6
Other sources	<u>26</u>
	364

#### Problems for which children were referred:

Behaviour problems	157
Nervous symptoms	83
Educational Problems	29
Enuresis	32
Psychosomatic	10
Special Advice	59
School Refusal	6
Others:	
Poor Speech	2
Encopresis	1
Difficulties with	
Motor Co-ordination	1
	<u>4</u>
	380

#### Age Groups:

Pre-school	32
Infant school	46
Junior school	144
Secondary school	139
Left school	<u>3</u>
	364

#### Recommendations made of new cases:

Still under investigation	35
Diagnosis and advice only	93
Supporting treatment	110
Intensive treatment advised	48

Recommendations made of new cases (cont'd):

Residential treatment advised	16
Admitted to Hospital for treatment or investigation	5
Special Day school for Maladjusted Children - Poole	20
Awaiting Psychiatric diagnosis	<u>37</u>
	364

ANALYSIS OF CASES CLOSED DURING 1969

Diagnosis and advice only needed	116
Transferred to other agencies	32
Removed from area	18
Satisfactory adjustment after Child Guidance treatment	67
Improved after Child Guidance treatment	69
Unco-operative or unimproved	18
Died	<u>-</u>
	320

PSYCHIATRIC INTERVIEWS

Diagnostic	364
Re-examination	495
Treatment	634
Total interviews with children	1,477
Total interviews with parents and others	607
Total interviews by Psychiatrist	2,084

PSYCHIATRIC SOCIAL WORKERS

Number of home visits by Psychiatric Social Workers	636
Number of clinic interviews with parents	980
Number of interviews with other officials	161
Visits to schools	31



## SPEECH THERAPY

During the year we lost the services of Miss Marston who left to take up a senior post in Surrey. After a period of some months during which we had the services of Mrs Fox, the full-time vacancy was taken by Miss Burton.

The number of cases dealt with during the year was as follows (corresponding figures for the previous year given in brackets):-

Cases treated	Discharged	Under treatment	Cases tested	In need of treatment	Not in need	School Visits	Home Visits
667	280	387	132	80	52	43	4
(631)	(236)	(395)	(103)	(66)	(37)	(31)	(11)

The Senior Speech Therapist, Miss N O'Driscoll, has provided the following report:-

Since 1968 a new method has been introduced in the assessment of children in need of speech therapy. Formerly, head teachers were asked to nominate the children whose speech seemed to them to deviate from the average, and each of these children would then be given an individual test lasting about fifteen minutes. The defect of this method was its dependence on the widely differing standards adopted by different teachers so that whereas some would present a large number of children with very slight defects others would produce only two or three children with serious handicaps. It was thought therefore that an attempt should be made by the speech therapists to assess the whole of each admission class and to this end a shortened screening test lasting about three minutes was devised, the longer test being reserved for those indicated by the former.

In all, ten schools in different parts of the county are being investigated. Those children found to be seriously handicapped are given treatment or withdrawn from the survey. The speech development of the remainder is being observed over a three year period ending in 1970. By this date the children will be approximately seven years old which is thought to be the earliest age at which an adult pattern of speech can be expected. Naturally language would not be at the adult level so early, but consonant structure should be normal and syntax nearly so.

The shortened test being used has been more effective than we expected, revealing stammer and language difficulty although not designed for this purpose. The only changes that we envisage, although, of course, not until the present investigation is complete, are alternatives for one or two words which have proved difficult because unfamiliar.

Although the survey is not yet complete some interesting trends are already apparent. The five year olds have achieved a higher standard than expected, a large proportion successfully managing the consonant blends (words such as spoon, sky and glass). On the other hand very few children tested at six had adult type speech. With these the most usual errors were, as might be expected, r (wum for run) and th (Fursday for Thursday).

On the whole the teachers had been very successful in identifying the abnormal speakers.



## NOCTURNAL ENURESIS

The school health service keeps a stock of buzzer alarm units for issue on loan to children suffering from persistent nocturnal enuresis. Eighteen units are held for use in Poole and thirty-six for use in the rest of the county. Cases are referred from both private medical practitioners and the school medical officer, a total of 163 being treated during the year compared with 141 in 1968, and 150 in 1967. The majority of cases are aged 7 or 8, experience showing that younger children are often not able to co-operate sufficiently. The health visitors take the units to the homes in order to explain their use and also to confirm that satisfactory arrangements can be made. Clearly the unit cannot be used if a child has to share a bed, and inconvenience to others will also result if the room is shared. The health visitors supervise progress at appropriate intervals and are responsible for the return of the units when it has been decided that treatment should cease, which may be after as short a period as three weeks but is more often after two or three months.

## HANDICAPPED PUPILS

As a result of the creation of one child health department in the county area, the early ascertainment of handicapped children is now facilitated, and serves two purposes. Firstly, the parents of the children concerned can be helped in the early years so that by the time the child reaches school age, they are better adjusted to his handicap. In practice it has been found, in the case of backward babies, that serial observations are of much greater value than a single test, and if these are carried out at six or twelve monthly intervals one can predict the child's possible potential with much greater accuracy. Secondly, the future demand for places in special schools can be predicted more accurately.

The following statistics relate to the whole county including Poole.

During 1969, 213 children were assessed as requiring special educational treatment and in addition five children of compulsory school age were assessed under Section 57(4) of the Education Act as being incapable of receiving education in school.

Whenever possible handicapped children are retained in ordinary schools if this can be done without detriment to themselves or to other children in the school, as there are often profound advantages in such children being able to live at home and receive their schooling in a completely normal environment. This policy must not, however, be carried too far, as without the specialised facilities, both educational and therapeutic, available at some special schools certain children may not develop to their full potential.

The largest single group of handicapped children is the educationally subnormal. These mostly attend as day pupils at Wimborne Special School (sixty on the register at the end of the year) or at special classes attached to ordinary schools. Seventeen primary schools and seventeen secondary schools have special classes attached to them and during 1969 the average attendance at these classes was 824. In addition, thirty-eight educationally subnormal children were at residential schools, twenty-nine of them being at Clyffe House School.

The educational arrangements for partially hearing children in Dorset are dictated by the low density of population and the absence of any large concentration of population outside Poole. Whereas the latter is able to support two day units for partially hearing children attached to ordinary schools, units attended from time to time by children from the adjoining county area, the rest of the county is served by qualified peripatetic teachers of the deaf. Two full-time and one part-time teacher of the deaf are engaged in this work. They use portable auditory equipment and are responsible both for training pre-school children and guiding their parents and the supervision and additional teaching of children with hearing loss who remain in ordinary schools. The number of Dorset children attending residential schools for the deaf in other counties is now very small and whenever such placement is considered necessary every effort is made to postpone it until understanding and communication between parent and child have been established.

The following list classifies the children at residential schools or hostels at the end of 1969 in the categories specified in the Ministry's "Handicapped Pupils Regulations, 1959", and gives the numbers attending at each school.

## BLIND

Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Condover Hall Special School, Condover, Nr Shrewsbury, Salop.	1
Ysgol Penybont School for Visually Handicapped Children, Bridgend, Glamorgan.	2
Chorleywood College for the Blind, Chorleywood, Herts.	2

## PARTIALLY SIGHTED

Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or their educational development but can be educated by special methods involving the use of sight.

The West of England School for the Partially Sighted, Topsham Road, Countess Wear, Exeter.	5
Barclay School, Little Paddocks, Sunninghill, Berks.	2
Exhall Grange School, Exhall, Warwickshire.	1
Dorton House School, Deal, Sevenoaks, Kent.	1
Blatchington Court School for Partially Sighted, Seaford, Sussex.	1

## DEAF

Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

The Royal West of England School for the Deaf, Topsham Road, Exeter.	7
--	---

## PARTIALLY HEARING

Pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.

The Royal West of England School for the Deaf, Topsham Road, Exeter.	3
Ovingdean Hall, Brighton 7, Sussex.	1
Mary Hare Grammar School for the Deaf, Arlington Manor, Newbury, Berks.	1
School for the Partially Deaf, Brighton, Sussex.	1

## EPILEPTIC

Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

None



## EDUCATIONALLY SUBNORMAL

Pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Withycombe House School, Withycombe Raleigh, Nr. Exmouth, Devon.	2
Maristow House School, Nr Roborough, Devon.	1
Kingsdon Manor School, Kingsdon, Nr Somerton, Somerset	1
Clyffe House School, Tincleton, Nr Dorchester, Dorset.	29
Chelfham Mill School, Chelfham, Barnstaple, Devon	1
Croydon Hall School, Minehead, Bristol	1
Lankhills School, Winchester, Hants.	1
St John's School, Brighton, Sussex.	1
Monkton Priors School, Pickeridge Close, Taunton, Somerset.	1

## MALADJUSTED

Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational re-adjustment.

The Marchant-Halliday School Ltd., North Cheriton, Templecombe, Somerset.	2
Chelfham Mill School, Chelfham, Nr Barnstaple, Devon.	1
Bedales School, Petersfield, Hants.	1
The New School, Kings Langley, Herts.	1
The Royal Wanstead School, Wanstead, London, E11.	1
Peredur Home-School, East Grinstead, Sussex.	2
Walton Elm School, Marnhull, Sturminster Newton, Dorset.	2
The Bicknell School, Petersfield Road, Boscombe East, Bournemouth.	4
Crichel Hostel, Totnes, Devon.	1
Penwithen Hostel, Winterborne Monkton, Nr. Dorchester, Dorset.	19
Clyffe House School, Tincleton, Dorset.	6
Sibford Ferris Friends' School, Banbury, Oxford.	1
Pitt House School, Torquay, Devon.	1
St Francis School, Hooke, Beaminster, Dorset.	1
St Leonard's School, Shaftesbury, Dorset	1

## PHYSICALLY HANDICAPPED

Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Victoria Home and School, 12 Lindsay Road, Branksome Park, Poole.	10
Dame Hannah Rogers School, Ivybridge, Devon.	3
Ingfield Manor School, Five Oaks, Billingshurst, Sussex.	1
The Sheiling Curative Schools, Ashley, Ringwood, Hants.	1
Chailey Heritage Craft School and Hospital, Chailey, Nr. Lewes, Sussex.	5
Burton Hill House, Malmesbury, Wiltshire.	3
Hephaistos School, Farley Castle, Farley Hill, Nr. Reading, Berks.	3
St Loyes College for the Rehabilitation of the Disabled, Exeter, Devon	2



Park Place School, Henley-on-Thames, Oxfordshire.	1
Dene Park Further Education Centre, Shipbourne Road, Tonbridge, Kent.	2
Wilfred Pickles' School, Stamford, Lincs.	1
St Catherine's Home and School, Ventnor, Isle of Wight.	2
Lord Mayor Treloar College, Alton, Hants.	1
Meldreth Training School, Meldreth, Royston, Herts.	1
St John's Open Air School, Woodford Bridge, Essex.	1

## SPEECH DEFECT

Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

None

## DELICATE

Pupils not falling under any other category in the Regulations who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Suntrap School, Hayling Island.	1
St Dominic's Open Air School, Mount Oliver, Hambledon, Nr. Godalming, Surrey.	4
St Patrick's Open Air School, Sea Front, Hayling Island.	2
Meath House School, Ottershaw, Surrey.	1

## TUITION AT HOME OR IN HOSPITAL

During the year twenty-nine children suffering from a variety of handicaps which prevented them from attending school received a total of 2,308 hours home tuition.

Tuition was also given to children in the following hospitals:-

	Number of Children	Hours of Tuition
Weymouth and District Hospital	138	230
Portland Hospital	2	14
Dorset County Hospital	122	372
Poole General Hospital (from 2.6.69)	12	250

## INFECTIOUS DISEASES

There were again no cases of diphtheria or poliomyelitis among school children in 1969, the last occasion when they occurred being in 1957 and 1960 respectively.

The number of notifications of the common infections during the past ten years have been as follows:-

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Measles	1,702	5,431	606	5,255	1,595	3,652	1,559	4,469	493	698
Scarlet Fever	140	55	53	61	57	106	29	37	34	37
Whooping Cough	110	238	38	111	156	79	64	236	106	27

### IMMUNISATION AGAINST POLIOMYELITIS, DIPHTHERIA, WHOOPING COUGH, TETANUS AND MEASLES OF CHILDREN UNDER SIXTEEN YEARS OF AGE

	County Area		Poole Area		South Dorset Area		Totals	
	P	R	P	R	P	R	P	R
Poliomyelitis - Oral	1,753	4,849	881	1,478	552	1,298	3,186	7,625
Poliomyelitis - Salk	-	-	-	-	-	-	-	-
Diphtheria	1,585	3,326	765	1,456	462	2,165	2,812	6,947
Whooping Cough	1,504	1,253	658	368	441	398	2,603	2,019
Tetanus	1,888	4,772	856	1,552	496	2,164	3,240	8,488
Measles	1,617		1,017		871		3,505	

P = Primary Course

R = Reinforcing Dose

## TUBERCULOSIS

Number of children in maintained schools notified during 1969	Pulmonary	1
	Non-Pulmonary	2
Number of children on tuberculosis register attending maintained schools at 31 December 1969	Pulmonary	44
	Non-Pulmonary	5

## PREVENTION OF TUBERCULOSIS

### (a) X-Ray of Staff

All teachers appointed are required to have an up-to-date x-ray examination.

Seven domestic staff starting work in boarding houses, Clyffe House School and Penwithen Hostel, were also x-rayed with negative results.

### (b) Heaf testing of school entrants

All children starting school are given a tuberculin skin test and any children with positive reactions are x-rayed and, if necessary, investigated in an effort to determine the source of the infection.

	No. of children tested	No. positive excluding those previously given BCG	No. positive who had had previous BCG
County Area	2,903	15 (0.5%)	59
Poole	1,248	7 (0.56%)	23
South Dorset	439	6 (1.3%)	13

(c) BCG Vaccination

The arrangements for the BCG vaccination of children in or near their thirteenth year continued as usual. Results of the Heaf test are read after seven days, four or more indurated papules being accepted as a positive result. The interpretation of mild reactions is notoriously difficult and is liable to considerable observer variation. Furthermore, it is not possible to distinguish between mild reactions due to the waning of previous strong specific sensitivity and those due to non-specific sensitivity.

After seeking advice from the Chest Consultants concerned it has now been decided that children who show only a grade one reaction to a tuberculin skin test should be given a BCG vaccination. The modern school of thought maintains that to have achieved a satisfactory level of natural immunity to tuberculosis the subject should show a well defined reaction to the skin test which would be graded by an observer as second degree.

	1968	1969
Number of schools visited	57	64
Number of parental consents received	4,269	3,293
Number of children tuberculin tested	4,069	3,093
Number of reactors:		
(1) Previously received BCG vaccination	194	212
(2) 1st degree reactor	236)	107)
(3) 2nd, 3rd and 4th degree reactions	169)	128)
	9.95%	7.5%
Number of children vaccinated:		
(1) 1st degree reactors	-	107
(2) Negative reactors	3,244	2,533
Absentees	270	284

The variation in incidence in the different administrative areas of the county of children recorded as being positive reactors to the Heaf test was as follows:-

	Number of children tested		No. positive excluding those previously given BCG	
	1968	1969	1968	1969
County Area	2,279	1,446	161 ( 7.0%)	63 ( 4.3%)
Poole	1,107	1,041	168 (15.2%)	145 (13.5%)
South Dorset	683	606	76 (11.1%)	27 ( 4.4%)

The number of children showing second, third and fourth degree reactions to a Heaf test might be expected to provide a more stable indication of the amount of tuberculous disease in the community than if the children with mild or dubious reactions were included. Throughout the whole county the grading of the Heaf positive reactions was as follows:-



Grade of reaction

Number of children

First degree	107
Second degree	99 )
Third degree	21 ) 4.1% of those tested
Fourth degree	<u>8 )</u>
	<u>235</u>

This table shows that throughout the County, of the 3,093 children who were tuberculin skin tested, only 128 (4.1%) showed any significant positive reaction which is indicative of a satisfactory low level of infection in the community.

## SCHOOL MILK AND MEALS

### SCHOOL MILK

With one exception all schools in the County receiving milk under the Milk in Schools scheme are supplied with bottled pasteurised milk. The exception is a school in the western part of the county and due to its comparatively remote position efforts to obtain a supply of pasteurised milk have proved unsuccessful. The school receives untreated milk in bulk containers from a local producer. Regular sampling of school milk and of milk supplied to school kitchens has been undertaken during the year and the results of the laboratory examinations are set out in the following table: -

Pasteurised				Untreated		Total number of samples
Methylene blue test		Phosphatase test		Methylene blue test		
Pass	Fail	Pass	Fail	Pass	Fail	
*711	7	766	3	23	-	792

\* Fifty-one samples of pasteurised milk were not submitted to the methylene blue test as the atmospheric shade temperature exceeded the prescribed 70<sup>0</sup>F on the days the samples were taken.

It will be seen that seven of the 718 specimens of pasteurised milk submitted to the methylene blue test failed whilst three did not satisfy the phosphatase test. Each of the twenty-three samples of untreated milk was satisfactory.

Compared with 1968 when the percentage of pasteurised school milk samples which failed the methylene blue test was 4.4 it is very satisfactory to report that for the year under review it was less than one per cent.

With regard to three samples which failed the phosphatase test, two pasteurising establishments were involved and as a result of investigations carried out at these dairies it appeared that the failures were due to errors in the pasteurising process. These were immediately corrected and subsequent samples proved satisfactory.

Apart from the sampling undertaken by the County Health department the public health inspectors to Poole Borough Council obtained specimens of milk supplies to the schools and school kitchens within the Borough. Of 117 samples of pasteurised milk submitted for laboratory examination, twenty failed the methylene blue test. The majority of these unsatisfactory samples were of milk supplied by a pasteurising establishment in a neighbouring authority's area and the matter was referred to that authority who carried out an investigation.

Officers of the County Health department pay due regard to the state of cleanliness of school milk bottles prior to filling at the dairies and during the year fifty-five rinses of cleaned bottles were obtained and examined at the Public Health Laboratory. Only one of the bottles failed to produce a satisfactory report.

In general it can be said that a satisfactory standard was maintained during the year in respect of milk supplied to schools and school kitchens.

### SCHOOL MEALS

The following information has been supplied by the County Education Officer and relates to the whole of the administrative county including the Borough of Poole.

## Meals (day pupils only)

No. of schools or departments receiving meals at 1 January 1969	232
No. of schools or departments NOT receiving meals at 1 January 1969	1
No. of schools or departments receiving meals at 31 December 1969	234
No. of schools or departments NOT receiving meals at 31 December 1969	1
No. of new kitchens opened in 1969	6*
No. of new dining centres (not classrooms) opened in 1969	-
No. of schools provided with new or improved wash-up facilities in 1969	2
No. of day pupils present 1969	48,511
No. of day pupils taking meals 1969	36,951
Percentage taking meals	76.17

\* includes replacement of three old kitchens

During the year the county public health officer made 137 visits of inspection to school kitchens in connection with the Food Hygiene (General) Regulations 1960 and generally a satisfactory standard of hygiene has been maintained at these premises. Random checks on the efficiency of the washing-up processes have been made and a total of 195 swabs of washed cutlery, crockery and food containers were examined at the public health laboratory. Twelve specimens failed to reach a satisfactory standard.

From time to time requests are received from cooks for various foodstuffs to be examined with a view to fitness and during 1969 the total weight of food examined and found to be unfit was 2 cwt 106 lbs. In many cases replacement was made by the supplier.

## SCHOOL SWIMMING

At the beginning of the year there were sixty-one maintained schools in the county, including the Borough of Poole, at which a swimming pool had been provided. There are two covered pools with heated water and one of these is kept in use throughout the year. Three open-air pools also have equipment for heating the water.

During the year a further eight schools provided swimming pools so that at the 31 December the number of maintained schools in the county which had provided facilities for tuition in swimming was sixty-nine.

Generally, water treatment is by recirculation, filtration and chlorination and only in respect of five garden type pools is the fill and empty method adopted. Even in these cases the water is chlorinated by hand dosage.

The county health department maintains close supervision of the water treatment and general hygienic condition of all the school swimming pools and during the year 422 samples of water were obtained for bacteriological examination of which thirty-five, involving twenty-one pools, were not of a satisfactory standard. In the case of the unsatisfactory samples, these usually proved to be an isolated incident and following investigatory work, subsequent specimens produced a satisfactory report.

In maintaining supervision of school swimming pools the county public health officer liaises with the appropriate officer of the county education officer's department and acknowledgement is made of the very ready co-operation which he receives at all times from the county organiser for physical education.



## WATER SUPPLIES

There are seven educational establishments in the county not connected to a public main supply of water including two school camps and one school which, although closed, was brought into temporary use pending the completion of works of enlargement and improvement to other school premises in the neighbourhood. One school, previously served by a private estate supply, was connected to the public main during the year.

Regular sampling of the water to the seven premises has been undertaken throughout the year and of a total of 149 specimens submitted for bacteriological examination, twenty were not of a satisfactory standard. In each case the necessary investigatory work was undertaken and, generally, repeat samples proved satisfactory.

## SCHOOL CAMPS

The two school camps are situated in the Wareham and Purbeck rural district and both are supplied with water from private estate sources.

During the camping season regular sampling is undertaken by the county health department and of fifty specimens submitted for laboratory examination, five were bacteriologically unsatisfactory.

The county public health officer visited and inspected the camps from time to time and found that a very satisfactory standard was being maintained. In this respect due credit must be paid both to the county organiser for physical education and the camp warden.

## SCHOOL HYGIENE

With one exception, all schools in the County have water-borne sanitation. The excepted school has chemical closets but these will be replaced by conventional flushed WC's as soon as the proposed scheme of main drainage for the village is completed.

During the year improvements were carried out to the sanitary arrangements at six schools and in order to cater for an increasing number of pupils and to relieve overcrowding, thirty-eight temporary classrooms were provided at primary and secondary schools.

## HEALTH EDUCATION IN SCHOOLS

Details are given below of the talks on health subjects given in schools in the county, excluding Poole, in 1969. These were mostly given by school medical officers, dental officers, health visitors and dental hygienists, many of which were illustrated by films.

	Number of talks and/or films	Audience
Dental Hygiene	61	1, 989
Child Care and Mothercraft	54	860
Smoking and Health	12	2, 000
Personal Hygiene	10	302
Health Services	4	83
Home Safety	4	62
Infectious Diseases	4	53
Drugs, VD, etc	2	27
First Aid	1	12

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER  
J S MacLachlan LDS RCS Eng

STAFF

Resignations

N P Bronsdon, Dental Officer, Wimborne (31 May 1969)  
S H Smith, Dental Officer, Weymouth (28 March 1969)  
Mrs J Gale, Dental Auxiliary, Dorchester (31 January 1969)  
Miss J Revitt, Oral Hygienist, Dorchester (21 March 1969)

Appointments

R Hall, Dental Officer, Shaftesbury (27 January 1969)  
A V Robson, Dental Officer, Weymouth (1 April 1969)  
L Richardson, Dental Officer, Dorchester Rural Area (1 October 1969)  
Miss M Holland, Dental Auxiliary, Dorchester (2 June 1969)  
Miss J Horton, Oral Hygienist (2 September 1969)

Transfers

J M Paterson from Deputy Chief Dental Officer to Dental Officer, Wimborne  
P H W Maynard from Dental Officer, Shaftesbury to Dental Officer, Wareham

On 31 December 1969, there were fifteen whole-time and three part-time dental officers on the staff, giving a whole-time equivalent, based on the number of sessions worked in the school dental service, of 13.8 officers, an increase over the previous year of nearly a third of a dental officer.

ROUTINE VISITS TO SCHOOLS

The frequency of visits to schools is shown in Table A below, which must be looked at in the light of the knowledge that the offer of a six-monthly inspection and treatment service is the bare minimum required for the maintenance of dental health and that in only one area is this attained. While it is hoped that future staff increases will reduce the time-lag between visits to under twelve months, it seems unlikely that unless some major preventive measure such as the fluoridation of the public water supplies or the banning of between meal eating of sweets and biscuits in schools is introduced, the school service in Dorset will never be able to provide an adequate service.

TABLE A  
Approximate interval in months between visits

	1966	1967	1968	1969
Blandford	12	15	15	10
Bridport	24	20	20	18
Dorchester Rural	14	16	18	24
				(post vacant for 12 months)
Dorchester Urban	14	14	12	12
Gillingham	12	12	14	16
Shaftesbury	18	14	18	10
Sherborne	9	12	9	11
Wareham	24	16	16	16



TABLE A (CONT'D)  
Approximate interval in months between visits

	1966	1967	1968	1969
Wimborne	9	12	9	11
Weymouth	15	15	12	12
Portland	9	9	9	6
Average	15	14	14	13

## INSPECTION AND TREATMENT

The inspection figures over the past five years are shown in Table B.

TABLE B  
Inspection figures over the past five years

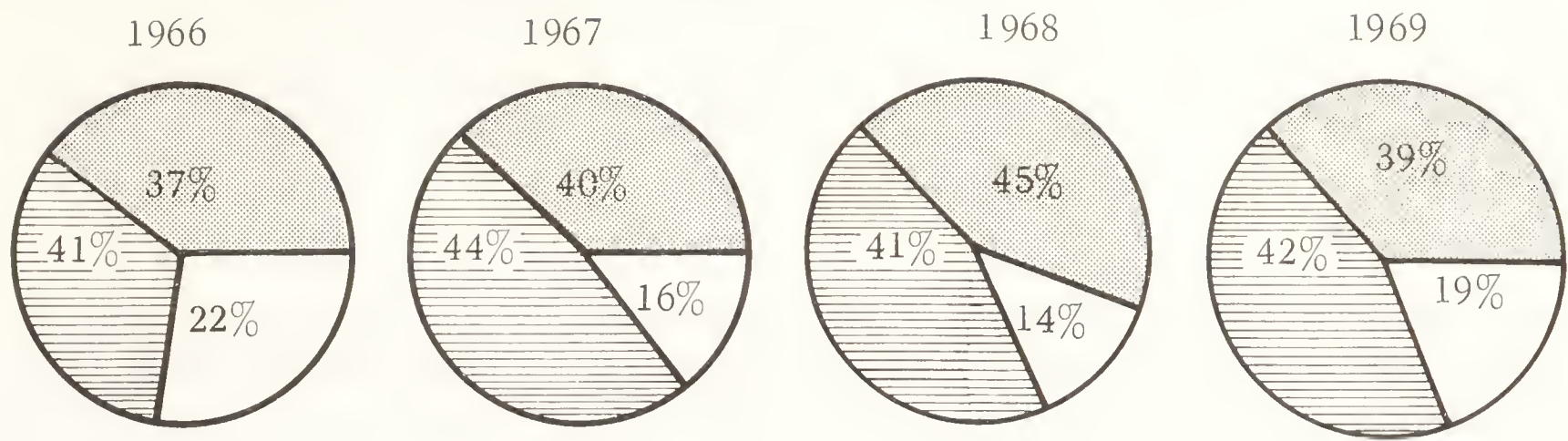
	1965	1966	1967	1968	1969
Percentage of school population inspected	76%	85%	83%	84%	88%
Percentage of those inspected who were found to require treatment	62%	60%	54%	53%	55%
Percentage of those offered treatment who were treated by the school dental service	66%	67%	71%	72%	71%

Although it is gratifying to note that slightly more children were inspected during the year, it must be stated that the difference in those requiring treatment and those receiving it is so small as not to be statistically significant. This is disappointing as, if the service was really efficient, a drop in those requiring treatment should be shown instead of the slight increase which may, as is shown in Figure 1, be due in part to the greater burden of work falling upon the general dental service, who, during 1969, were, in the opinion of the inspecting dental officers, able to do less work for school children than in the previous year. This is demonstrated by the percentage of those who, in the County and South Dorset: -

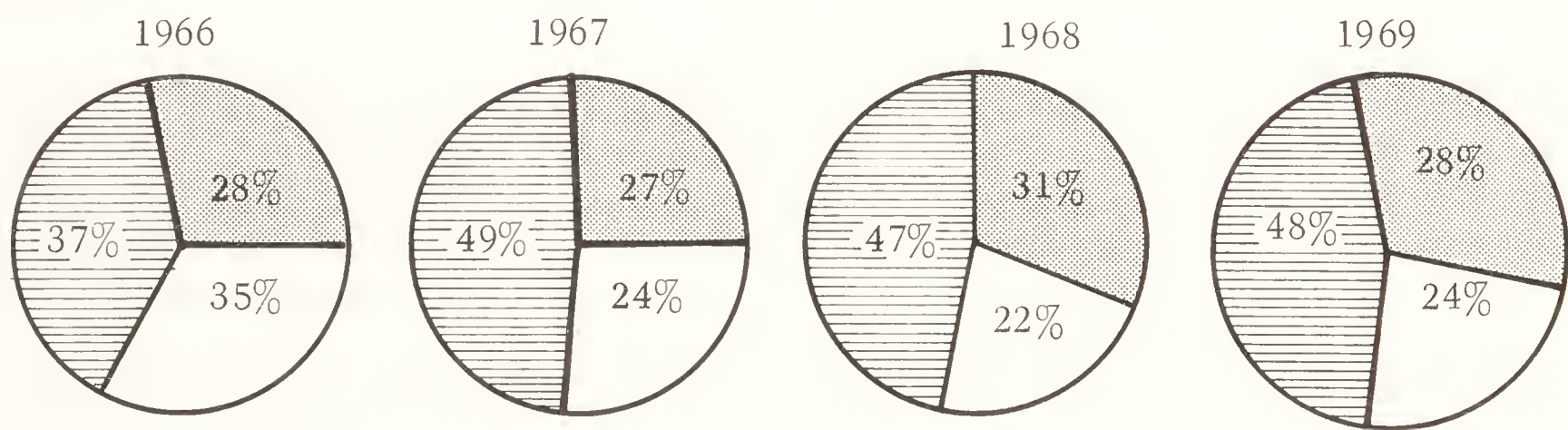
	Urban	Rural
(a) received regular dental care from the general dental service	39% (45)	28% (31)
(b) received regular dental care from the school dental service	42% (41)	48% (47)
(c) received no regular care	19% (14)	24% (22)
(d) accepted treatment from the school dental service	51% (45)	55% (56)

Figures in parentheses are those for 1968

FIGURE 1  
URBAN AREA



RURAL AREA

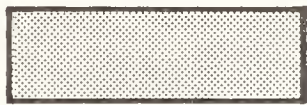


School  
Dental Service



Percentage receiving treatment from School Dental Service

General  
Dental Service



Percentage of those inspected receiving regular treatment  
from General Dental Service

No Regular  
Treatment



Percentage receiving no regular treatment



TABLE C  
Average amount of work carried out per treatment sessions

	1965	1966	1967	1968	1969
Treatments	2.36	2.4	2.18	2.24	2.34
Attendances	6.1	5.9	5.85	6.1	6.2
Fillings	6.0	5.7	6.2	6.2	6.3
Extractions	1.6	1.7	1.4	1.8	1.5

During 1969 nearly a thousand more children were treated than in the previous year and the amount of work done per session has also risen. Although in one sense this is gratifying as it demonstrates the increasing efficiency of the staff, who, for the third year in succession have produced a higher output than the year before; it is also disappointing as it shows that there is an increase in the work to be done.

### ORTHODONTICS

There appears to be an impression in the minds of the general public that orthodontic treatment - the treatment of malocclusion - is a form of beauty treatment. Nothing could be more wrong as it is in fact the foundation of dentistry, affecting not only the appearance but the general physical and mental health of the individual. We are extremely fortunate in Dorset in being able to enjoy the services of such an excellent consultant orthodontist as Mr J Hooper, who not only visits Dorchester weekly to advise dentists and to treat patients, but also trains members of the Local Authority staff as well as of the General Dental Service in the practice of this speciality. That members of all three branches of the existing Health Service can work together amicably and well in the same premises augers well for the success of the new National Health Service as outlined in the Green Paper of 1970.

During the year 670 children received orthodontic treatment from officers of the School Dental Service, which also referred an additional forty to the Consultant for treatment.

This is a rapid and expanding section of our service and the evidence of its growth over the past five years may be seen in Table D below.

TABLE D  
Orthodontic cases under treatment over the past five years

Year	Number
1965	340
1966	455
1967	537
1968	589
1969	660

### DENTAL HEALTH EDUCATION

In my last report I mentioned the development of the project of teaching of dental health started at Broadmayne Primary School. A film based upon this type of teaching and using the staff and pupils of Bere Regis Primary School as actors has now been produced by the Oral Hygiene Service and will, it is hoped, be available for general release in the late spring of 1970. This film is of



great importance in emphasising the value, as part of the school curriculum, of this type of teaching and can do nothing but enhance the image of Dorset, and Dorset teaching methods.

During the year a series of slides based upon the adventures of a puppet excited great interest and led to considerable publicity both in the national press and on both television channels. Efforts are being made to improve the method of presentation of this popular little figure who gives such a good example in fighting the dangers of in-between-meal-eating of biscuits and sweets.

As for much of the year we were without the services of either a dental auxiliary or dental hygienist, the amount of dental health education carried out was much less than in previous years, but nevertheless fifty-five talks have been given to a total of 1,641 school children. Additionally, both Miss Holland and Miss Horton have been interesting head teachers in the project type of teaching and, at the time of writing, a number of schools, covering the full age range, are showing great interest.

## GENERAL

One of the recommendations of the Organisation and Methods Officer as a result of his review of the Dental Service in Dorset was to the effect that an efficient system of Management Statistics, involving the use of the computer, should be introduced and, during the year, much administrative time has been devoted to this concept. It is hoped that the system will be introduced during 1970.

An interesting development is taking place with regard to the routine school inspections in which, formerly, children were inspected to determine whether or not treatment was required, and a blanket consent to treatment having been obtained, treatment was carried out often without further reference to the parents. Nowadays however with a more enlightened society, it is felt that a more correct approach should involve the parents who, after all, have a right to know the nature of the treatment to be carried out on their children, and, although the provision of this information is more time consuming it is proving very rewarding due to the involvement of the parents in their children's treatment so that they can re-inforce the advice given to them by the dentist.

1969 may be summarised as follows:-

Dental officer strength	Up 2%
Children inspected	Up 11%
Children treated	Up 8%
Permanent teeth filled	Up 12%
Deciduous teeth filled	Down 5%
Orthodontic cases under treatment	Up 11%

I would like to take this opportunity of thanking all those who, by their co-operation, have contributed to the success of the school dental service in Dorset.

# DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

## ATTENDANCES AND TREATMENTS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total	(Total for 1968)
First visit	6,571	5,429	1,209	13,209	(12,274)
Subsequent visits	8,253	11,017	2,649	21,919	(22,654)
Total visits	14,824	16,446	3,858	35,128	(34,928)
Additional courses of treatment commenced	864	644	117	1,625	(1,926)
Fillings in permanent teeth	5,697	13,744	4,316	23,757	(22,482)
Fillings in deciduous teeth	10,422	1,311	-	11,733	(12,925)
Permanent teeth filled	5,047	12,716	4,069	21,832	(19,643)
Deciduous teeth filled	9,939	1,165	-	11,104	(11,728)
Permanent teeth extracted	300	1,843	486	2,629	(2,273)
Deciduous teeth extracted	4,385	1,654	-	6,039	(8,027)
General anaesthetics	1,052	433	41	1,526	(1,742)
Emergencies	674	301	58	1,033	(1,334)

Number of pupils x-rayed	1,155	(984)
Prophylaxis	2,923	(2,868)
Teeth otherwise conserved	1,757	(2,381)
Number of teeth root-filled	81	(87)
Inlays	14	(5)
Crowns	51	(79)
Courses of treatment completed	13,507	(13,353)

## ORTHODONTICS

Cases remaining from previous year	389	(336)
New cases commenced during year	281	(253)
Cases completed during year	221	(183)
Cases discontinued during year	32	(17)
Number of removable appliances fitted	319	(312)
Number of fixed appliances fitted	4	(13)
Pupils referred to Hospital Consultant for treatment	40	(87)

## PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total	(Total for 1968)
Pupils supplied with FU or FL (first time)	-	1	3	4	(1)
Pupils supplied with other dentures (first time)	6	13	14	33	(35)
Number of dentures supplied	7	14	18	39	(38)

## ANAESTHETICS

General Anaesthetics administered by Dental Officers	21	(12)
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Total	(Total for 1968)
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## INSPECTIONS

First inspection at school. Number of pupils	40,052	(34,381)
First inspection at clinic. Number of pupils	6,242	(8,335)
Total inspected	46,294	(42,716)
Number found to require treatment	25,645	(22,776)
Number offered treatment	18,585	(17,026)
Pupils re-inspected at school or clinic	4,823	(3,596)
Number of those re-inspected found to require treatment	2,888	(2,324)

## SESSIONS

Sessions devoted to treatment	5,651	(5,710)
Sessions devoted to inspection	440	(424)
Sessions devoted to Dental Health Education	119	(359)



SCHOOL CLINICS - LOCATION, TYPE AND NUMBER OF SESSIONS PER WEEK  
(as at 31.12.69)

The Clinic Hogshill Street Beaminster	1 Speech	Branksome Clinic Layton Road Parkstone	18 Dental 2 Speech
Health Clinic Salisbury Street Blandford	1 Hearing Assessment (per month) 2 Dental 2 Speech	Hillbourne Clinic Kitchener Crescent Waterloo Poole	6 Dental
Bovington Modern School Bovington	1 Speech	Oakdale Clinic 337 Wimborne Road Poole	1 Enuresis
Health Clinic 45 South Street Bridport	1 Hearing Assessment (per month) 2 Dental 3 Speech 2 Child Guidance (per fortnight)	Health Clinic Fortuneswell Portland	6 Dental 1 Speech
Health Clinic Glyde Path Road Dorchester	2 Hearing Assessment (per month) 20 Dental 2 Speech 3 Child Guidance (2 Psychiatrist)	Health Clinic Secondary Modern School Shaftesbury	1 Hearing Assessment (per month) 1 Speech 4 Dental
The Reception Centre Gloucester Road Dorchester	2 Child Guidance (per month)	Health Clinic Horsecastles Sherborne	1 Hearing Assessment (per month) 2 Dental 1 Speech 1 Child Guidance (per fortnight)
Health Clinic Victoria Road Ferndown	2 Speech 1 Dental	St Aldhelms School Sherborne	1 Speech
Health Clinic St Martin's Gillingham	1 Hearing Assessment (per month) 4 Dental 1 Speech	Health Clinic Green Close Sturminster Newton	1 Hearing Assessment (per month) 1 Speech
Junior CE School Lyme Regis	1 Speech	Health Clinic High Street Swanage	1 Hearing Assessment (per month) 2 Dental 1 Speech
Central Clinic Park Road Poole	1 Hearing Assessment 8 Dental 7 Speech 2 Physiotherapy 5 Child Guidance	The Parish Hall Wareham	1 Hearing Assessment (per month)
Health Clinic Lanark Close Hamworthy, Poole	6 Dental 1 Speech	County Modern School Wareham	1 Speech

Health Centre Westham Road Weymouth	5 Minor Ailments 12 Dental 3 Speech	Health Clinic Rowlands Hill Wimborne	2 Dental 1 Hearing Assessment (per month) 2 Speech
The Clinic Wyke Regis Weymouth	1 Speech 1 Child Guidance (1 extra session fortnightly)	Wimborne Day Special School Wimborne	1 Speech (1 extra session fortnightly)

YEAR ENDED - 31 DECEMBER 1969

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

P = Poole Area    SD = South Dorset Area    C = Remainder of County

Age Groups inspected (By year of birth)	No. of pupils who received a full medical examination			Physical condition of pupils inspected			No. of pupils found not to warrant a medical examination			Pupils found to require treatment (excluding dental diseases and infestation with vermin)			Total individual pupils										
	(2)			(4)			(5)			(6)			(7)			(8)							
	P	SD	C Totals	P	SD	C Totals	P	SD	C Totals	P	SD	C Totals	P	SD	C Totals	P	SD	C Totals					
1965 and later	1	-	6	7	1	-	6	7	-	-	-	-	-	-	-	-	-	-					
1964	843	487	1199	2529	841	471	1197	2509	2	16	2	-	18	19	31	68	162	161	135	92	374		
1963	672	320	1370	2362	672	298	1370	2340	-	22	-	-	25	12	41	78	163	125	91	105	344		
1962	501	42	172	715	501	40	172	713	-	2	-	-	29	4	6	39	79	14	11	15	17	122	
1961	670	25	115	810	669	24	115	808	1	1	-	-	36	4	5	45	145	20	8	14	12	181	
1960	354	23	78	455	354	23	78	455	-	-	-	-	28	1	3	32	115	10	6	7	9	133	
1959	136	542	62	740	136	535	62	733	-	7	-	-	10	65	2	77	72	182	6	170	8	248	
1958	541	153	53	747	541	151	53	745	-	2	-	-	55	18	6	79	104	56	5	55	7	201	
1957	627	51	151	829	627	51	151	829	-	-	-	31	75	9	10	94	117	14	11	142	21	212	
1956	252	27	275	554	251	24	275	550	1	3	-	986	28	2	13	43	77	9	19	105	30	131	
1955	267	126	162	555	267	125	162	554	-	1	-	442	43	25	4	72	48	27	8	83	12	137	
1954 and earlier	1128	408	142	1678	1126	403	142	1671	2	5	-	49	171	83	14	268	217	109	9	335	143	22	500

5992	2204	3785	11981	5986	2145	3783	11914	6	59	2	67	-	1508	1508	518	242	135	895	1299	727	247	2273	1547	701	335	2583
TOTALS																										

Col. (3) as a percentage of Col. (2)

Col. (4) as a percentage of Col. (2)

P	SD	C	TOTAL
99.90	97.32	99.95	99.44%

P	SD	C	TOTAL
0.10	2.68	0.05	0.56%



TABLE B - OTHER INSPECTIONS

	Poole	South Dorset	Remainder of County	Totals
Number of Special Inspections	622	1,002	14,347	15,971
Number of Re-inspections	925	530	2,506	3,961
	<hr/>			
Totals	1,547	1,532	16,853	19,932
	<hr/>			

TABLE C - INFESTATION WITH VERMIN

	Poole	South Dorset	Remainder of County	Totals
Total number of individual examinations of pupils by school nurses or other authorised persons	19,877	14,555	13,662	48,094
Total number of individual pupils found to be infested	151	15	92	258
Number of pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944)	-	-	-	-
Number of pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	-	-	-	-

PART II - DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

T = TREATMENT O = OBSERVATION

PERIODIC INSPECTIONS

DEFECT OR DISEASE			ENTRANTS			LEAVERS			OTHERS			TOTALS			SPECIAL INSPECTIONS						
			P	SD	C	Totals	P	SD	C	Totals	P	SD	C	Totals	P	SD	C	Totals			
Skin	T	31	35	5	71	61	31	-	92	74	36	1	111	166	102	6	274	-	5	1	6
	O	43	1	25	69	20	2	-	22	49	-	1	50	112	3	26	141	-	-	-	-
Eyes - (a) Vision	T	43	39	94	176	214	107	-	321	261	96	41	398	518	242	135	895	3	86	2099	2188
	O	41	152	103	296	63	21	-	84	217	22	43	282	321	195	146	662	1	-	1289	1290
(b) Squint	T	39	34	37	110	18	10	-	28	38	18	4	60	95	62	41	198	-	-	-	-
	O	9	4	13	26	3	1	-	4	24	-	1	25	36	5	14	55	-	-	-	-
(c) Other	T	13	3	-	16	3	1	-	4	14	10	-	24	30	14	-	44	-	1	-	1
	O	6	2	6	14	8	-	-	8	27	-	-	27	41	2	6	49	-	-	-	-
Ears - (a) Hearing	T	18	26	13	57	1	26	-	27	8	41	3	52	27	93	16	136	5	5	230	240
	O	55	30	111	196	7	5	-	12	55	16	14	85	117	51	125	293	2	1	101	104
(b) Otitis Media	T	8	8	1	17	5	1	-	6	6	2	1	9	19	11	2	32	-	-	-	-
	O	33	1	18	52	7	-	-	7	21	-	-	21	61	1	18	80	-	-	1	1
(c) Other	T	7	3	1	11	1	2	-	3	5	-	-	5	13	5	1	19	-	-	-	-
	O	28	2	5	35	6	-	-	6	53	-	-	53	87	2	5	94	-	-	-	-
Nose and Throat	T	46	42	16	104	16	12	-	28	44	25	1	70	106	79	17	202	1	6	1	8
	O	175	67	87	329	15	9	-	24	158	7	5	170	348	83	92	523	1	-	4	5
Speech	T	27	27	29	83	1	1	-	2	29	6	2	37	57	34	31	122	-	4	6	10
	O	69	22	84	175	7	-	-	7	48	5	7	60	124	27	91	242	1	-	8	9
Lymphatic Glands	T	1	10	-	11	-	1	-	1	-	1	-	1	1	12	-	13	-	-	-	-
	O	33	51	12	96	3	-	-	3	30	3	-	33	66	54	12	132	-	-	1	1
Heart	T	2	4	4	10	1	8	-	9	-	7	1	8	3	19	5	27	4	-	-	4
	O	15	18	38	71	4	4	-	8	19	3	5	27	38	25	43	106	-	-	1	1
Lungs	T	20	16	5	41	7	6	-	13	41	23	-	64	68	45	5	118	9	-	1	10
	O	29	13	30	72	21	4	-	25	58	4	8	70	108	21	38	167	3	-	4	7
Developmental - (a) Hernia	T	5	2	7	14	-	-	-	-	2	1	-	3	7	3	7	17	-	-	-	-
	O	17	1	14	32	-	-	-	-	9	1	1	11	26	2	15	43	-	-	-	-
(b) Other	T	6	12	5	23	1	4	-	5	9	18	4	31	16	34	9	59	-	5	1	6
	O	33	27	55	115	3	3	-	6	46	11	11	68	82	41	66	189	-	-	1	1
Orthopaedic - (a) Posture	T	1	4	2	7	17	4	-	21	13	12	1	26	31	20	3	54	1	1	-	2
	O	2	4	4	10	7	6	-	13	9	10	1	20	18	20	5	43	-	-	-	-
(b) Feet	T	63	40	36	139	25	10	-	35	82	32	17	131	170	82	53	305	1	7	6	14
	O	42	42	177	261	40	8	-	48	112	14	26	152	194	64	203	461	2	-	8	10
(c) Other	T	14	8	5	27	11	6	-	17	29	11	1	41	54	25	6	85	-	-	1	1
	O	42	7	40	89	8	5	-	13	42	1	4	47	92	13	44	149	1	-	3	4
Nervous System - (a) Epilepsy	T	2	2	7	11	8	-	-	8	12	4	1	17	22	6	8	36	2	-	3	5
	O	5	2	9	16	1	2	-	3	4	2	2	8	10	6	11	27	-	-	3	3
(b) Other	T	-	1	6	7	1	1	-	2	2	-	3	5	3	2	9	14	-	-	3	3
	O	4	5	38	47	3	2	-	5	9	1	6	16	16	8	44	68	1	-	1	2
Psychological - (a) Developmental	T	-	4	3	7	39	1	-	40	154	2	2	158	193	7	5	205	129	-	3	132
	O	39	7	20	66	5	-	-	5	99	4	11	114	143	11	31	185	-	-	10	10
(b) Stability	T	10	16	6	32	6	6	-	12	65	18	3	86	81	40	9	130	113	-	7	120
	O	115	6	52	173	7	3	-	10	111	13	14	138	233	22	66	321	2	-	10	12
Abdomen	T	5	2	5	12	1	3	-	4	7	1	-	8	13	6	5	24	-	-	-	-
	O	11	4	14	29	4	4	-	8	7	3	4	14	22	11	18	51	-	-	-	-
Other	T	7	14	7	28	42	3	-	45	75	6	2	83	124	23	9	156	1	10	6	17
	O	31	13	7	51	13	13	-	26	51	10	6	67	95	36	13	144	-	-	5	5

### PART III - TREATMENT OF PUPILS

#### TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with			
	Poole	South Dorset	Remainder of County	Totals
External and other, excluding errors of refraction and squint	-*	1	5	6
Errors of refraction (including squint)	-*	636	756	1,392
Totals	-*	637	761	1,398
Number of pupils for whom spectacles were prescribed	-	87	262	349

\* Poole General Hospital does not furnish returns

#### TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with			
	Poole	South Dorset	Remainder of County	Totals
Received operative treatment for:-				
(a) diseases of the ear	-*	2	83	85
(b) for adenoids and chronic tonsillitis	-*	116	252	368
(c) for other nose and throat conditions	-*	14	184	198
Received other forms of treatment	-*	-	43	43
Totals	-*	132	562	694

\* Poole General Hospital does not furnish returns

Total number of pupils in schools who are known to have been provided with hearing aids:-

(a) in 1969	1	8	9	18
(b) in previous years	25	20	74	119

#### TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated			
	Poole	South Dorset	Remainder of County	Totals
(a) At clinics or out-patient departments	-	113	59	172
(b) At school for postural defects	110	-	360	470
Totals	110	113	419	642



TABLE D - DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Table C of Part I)

Number of cases known to have been treated					
		Poole	South Dorset	Remainder of County	Totals
Ringworm - (a)	Scalp	-	1	2	3
	(b) Body	-	1	2	3
Scabies		14	4	1	19
Impetigo		-	-	18	18
Other skin diseases		-	2	2	4
Totals		14	8	25	47

TABLE E - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated			
	Poole	South Dorset	Remainder of County	Totals
At Child Guidance Clinics	523	76	319	918

TABLE F - SPEECH THERAPY

Number of cases known to have been treated			
	Poole	Remainder of County	Totals
By Speech Therapists	248	419	667

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with			
	Poole	South Dorset	Remainder of County	Totals
Minor Ailments	-	14	-	14
Received BCG Vaccination	889	524	1,227	2,640
Received breathing exercises at an Asthma Clinic	38	-	-	38
Received treatment for Nocturnal Enuresis (Buzzer Alarm)	86	8	69	163
Totals	1,013	546	1,296	2,855



